# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

| NAME (Last, First, Middle) | STATE POSITION HELD: (Dept/Div or Board/Commission) |  |
|----------------------------|---|--|
| LAU, Laurence Kenneth      | Deputy Director for Environmental Health            |  |
|                            | TERM OF OFFICE (Begin/End): 04/01/03 /              |  |

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

#### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

| State of Hawaii - Dept. of Health                           |   |                |
|---|---|----------------|
| <br>1250 Punchbowl Street, 3d flr<br>Honolulu, HI 96813     | E | administration |
| East of Java, LLC<br>S. Beretania St.<br>Honolulu, HI 96814 | В | sales          |

#### [ ]Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| F,SP,<br>DC,JT                    | BUSINESS NAME AND ADDRESS  | NATURE OF BUSINESS   | NATURE OF INTEREST   | VALUE OR NO.<br>OF SHARES   |
|-----------------------------------|--|--|--|---|
| F<br>F<br>F<br>F<br>F<br>SP<br>DC | American Electric Power Applied Materials AT&T Keycorp Goldman Sachs Royal Bank of Scotland Merrill Lynch cash acct DWS mutual fund Met Life Volksbank Karlsruhe Delaware Investments Delaware Investments | power technology communications banking banking financial investment financial investment life insurance financial investment financial investment financial investment financial investment | stock<br>stock<br>stock<br>stock<br>stock<br>money mkt acct<br>account<br>owner/beneficiary<br>account<br>HI 529 acct<br>HI 529 acct | 550 sh<br>400 sh<br>2000 sh<br>480 sh<br>4000 sh<br>1000 sh<br>F<br>B<br>G-cash<br>C<br>E |

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

# ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| [ ]Check here if entry is None [ ]Check here if additional sheets are             |  | e if additional sheets are attached |
|---|--|-------------------------------------|
| F   | transferred 2613 shares of stock SBC Communications transferred 1144 shares of Alliance Pea Target mutual fund | 04-15-05<br>12-30-05                |
| DC,JT   | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOS PERIOD  | SURE DATE OF<br>TRANSFER            |
| F,SP, OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF |  |                                     |

### ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

| F,SP,<br>DC,JT | NAME OF CREDITOR  | ORIGINAL AMOUNT<br>OWED | AMOUNT<br>OUTSTANDING |
|----------------|---|-------------------------|-----------------------|
| F              | American Savings Bank P.O. Box 2300 Honolulu, HI 96804-2300 | F                       | F                     |
|                |   |                         |                       |

## ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F,SP,<br>DC,JT | NAME AND ADDRESS OF BUSINESS   | TITLE HELD | TERM OF OFFICE | ANNUAL<br>COMPENSATION |
|----------------|--|------------|----------------|------------------------|
| F              | Trust of Laurence K. Lau, dated 11-28-94                                       | trustee    | indefinite     | none                   |
| SP             | Trust of Barbara L. Schwaiger, dated 11-28-94                                  | trustee    | indefinite     | none                   |
| [ ]Chec        | [ ]Check here if entry is None [ ]Check here if additional sheets are attached |            |                |                        |

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. STREET ADDRESS TAX MAP KEY NUMBER (IF TAX VALUE DC,JT MAP KEY NUMBER EXISTS) JT Kalihiwai Ridge, Phase II, Lot 29, Unit 5 5-2-022-027 Kilauea, Kauai, HI 96754 [ ]Check here if entry is None [ ]Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. STREET ADDRESS AND TAX MAP KEY NUMBER (IF **AMOUNT & NATURE OF** NAME OF PERSON DC,JT TAX MAP KEY NUMBER EXISTS) **CONSIDERATION PAID** RECEIVING THE CONSIDERATION [ Check here if entry is None [ ]Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. NAME OF PERSON STREET ADDRESS AND TAX MAP KEY AMOUNT & NATURE OF DC,JT NUMBER (IF TAX MAP KEY NUMBER EXISTS) CONSIDERATION RECEIVED **FURNISHING THE** CONSIDERATION

[ ] Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

| NAME OF CLIENT                 | NAME OF STATE AGENCY                            |
|--------------------------------|---|
|                                |   |
|                                |   |
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|                                |   |
| [√]Check here if entry is None | [ ]Check here if additional sheets are attached |

#### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

| F,SP,DC,JT  | NAME AND ADDRESS OF BUSINESS   | NATURE OF BUSINESS | NATURE OF<br>INTEREST | VALUE              |
|-------------|--|--------------------|-----------------------|--------------------|
|             |  |                    | STATE OF HA           | CV. UIB UE VAN 90. |
| [√]Check he | [√]Check here if entry is None [ ]Check here if additional sheets are attacl |                    |                       | are attached       |

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

May 23 2006

FORM D-201 Revised 11/05